Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

DELAWARE State:

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

A. General Conditions of Eligibility

Each individual covered under the plan:

- 42 CFR Part 435, Subpart G
- 42 CFR Part 435,

Subpart F

- Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
- Meets the applicable non-financial eligibility conditions.
- a. For the categorically needy:
 - Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
 - (ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
 - (iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.

1902(m) of the Act

1902(1) of the

Act

(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

TN No. SP-312 Supersedes TN No. SP-302

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

ATTACHMENT 2.6-A

Page 2

OMB No.: 0938-

State:____

DELAWARE

Citation

Condition or Requirement

b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.

1905(p) of the Act

c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.

1905(s) of the Act

d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).

42 CFR 435.402

- 3. Is residing in the United States and-
 - a. Is a citizen;

Sec. 245A of the Immigration and

b. Is an alien lawfully admitted for permanent residence or otherwise permanently residing in the Nationality Act United States under color of law, as defined in 42 CFR 435.408;

1902(a) and 1903(v) of the Act and 245A(h)(3)(B) of the Immigration & Nationality Act

c. Is an alien granted lawful temporary resident status under section 245A and 210A of the Immigration and Nationality Act if the individual is aged, blind, or disabled as defined in section 1614(a)(1) of the Act, under 18 years of age or a Cuban/Haitian entrant as defined in section 501(e)(1) and (2)(A) of P.L. 96-422;

TN No. Supersedes TN No. __ SP-276

Approval Date DFC 18 1992 Effective Date ____JUL 01 1992

Revision: HCFA-PM-91-4 ATTACHMENT 2.6-A (BPD) Page 3 AUGUST 1991 OMB No.: 0938-State: DELAWARE Citation Condition or Requirement d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services). 42 CFR 435.403 4. Is a resident of the State, regardless of whether or not the individual maintains the residence 1902(b) of the permanently or maintains it at a fixed address. Act State has interstate residency agreement with the following States:

State has open agreement(s).

Not applicable; no residency requirement.

TN No. SP-302
Supersedes
TN No. SP-250 & 276*

Approval Dat DEC 18 1992

Effective Date

JUL 0 1 1992

HCFA ID: 7985E

* Information formerly on pages 2 & 3 of ATTACHMENT 2.6-A

Revision: HCFA-PM-91-8

October 1991

(MB)

ATTACHMENT 2.6-A

Page 3a

OMB No.: 0938-

State/Territory: _____DELAWARE

Citation

Condition or Requirement

42 CFR 435.1008

5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.

42 CFR 435.1008 1905(a) of the Act

b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.

Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.

42 CFR 433.145 1912 of the Act

6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

TN No. SP-308 Supersedes

Approval Date FFB 17 1993 Effective Date JUL 01 1992

TN No. <u>new</u>

Revision: HCFA-PM-91-8 (MB)

October 1991

ATTACHMENT 2.6-A

Page 3a.1 OMB No.: 0938-

State/Territory: DELAWARE

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in \$1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

Assignment of rights is automatic because of State / <u>X</u>/

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

TN No. <u>SP-308</u> Supersedes	Approval Date	FEB 17 1993	Effective	Date	JUL 01 1992
TN No. new					

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.6-A

Page 3b

OMB No.: 0938-

State: DELAWARE

Citation

Condition or Requirement

1902(c)(2)

8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

1902(e)(10)(A) and (B) of the Act

9. Is not required, as an individual child or pregnant woman; to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

TN No. New page and information

Revision: HCFA-PM-91-8 (MB)

October 1991

Citation

ATTACHMENT 2.6-A

Page 3c

OMB No.: 0938-

KIX OF

- 3

Cond:

n Cost

State/Tellitory

State/Territory: _____DELAWARE

Condition or Requirement

1906 of the Act 10. Is required to apply for enrollment in an employer-based cost-effective group health plan,

if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

Pag€

TN No. SP-308 Approval Date FEB 17 1993 Effective Date JUL 01 1992

TN No. new

AUGUST 1991 Page 4 OMB No.: 0938-DELAWARE Citation Condition or Requirement 435.725 B. Post-Eligibility Treatment of Institutionalized 435.733 Individuals 435.832 The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care: 1. Personal Needs Allowance. a. Aged, blind, disabled --Individuals \$36.00 Couples \$_72_00 For the following individuals with greater need--See page 4 Addendum b. AFDC related --Children \$_ 36.00 Adults \$___36.00 c. Individuals under age 21 covered in this plan as specified in Item B.7. of ATTACHMENT 2.2-A. \$ 36.00 2. For maintenance of the non-institutionalized shouse only. The amount must be based on a reasonable assessment of need but must not exceed the highest of --435.725 435.733 435.832 ssi layel SSP level Medically needy level Other as follows 201

Approval DateDEC 18 1992

ATTACHMENT 2.6-A

JUL 0 1 1992

Effective Date

HCFA ID: 7985E

Revision: HCFA-PM-91-4

SP-302

TN No. Supersedes

TN No. __SP-292

(BPD)

countable resources,

B.1.a. For the following individuals with a greater need -

- \$50/month for NF and ICF/MR residents engaging in frequent and regular rehabilitative out-of-facility activities
- For nursing facility residents who are participating in gainful employment, the following amounts, not to exceed the adult foster care rate (SSI benefit amount + \$140), will be deducted from gross earned income:
 - Mandatory payroll deductions that are a condition of employment including, but not limited to:
 - * Federal, State and Local Taxes
 - * FICA

1

- * Union Dues
- * Insurance Premiums
- * Pension Contributions.
- Transportation costs as paid to and from employment.
- Clothing and personal needs allowance of \$75/month.

The maximum amount of income to be protected will not exceed the amount required to maintain an individual in adult foster/residential care. This amount is currently the SSI benefit amount plus \$140.

TN No. SP-318
Supersedes
TN No. SP-292

Approval Date

JUL 13 1993

Effective Date 10/1/92

ATTACHMENT 2.6-A Revision: HCFA-PM-91-4 (BPD) Page 5 AUGUST 1991 OMB No.: 0938-DELAWARE State:____ Condition or Requirement Citation 3. Fox children, each family member. AFDC \level Medically needy level Other ak follows 4. Amounts for incurred medical expenses not subject to payment by a third party. a. Health insurance premiums, deductibles and co-insurance charges b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.) 5. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home within that period. Yes. Amount for maintenance of home \$75,00 _X

No.

1902(1) of the Act

6. SSI benefits paid under section 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital or NF.

TN No. SP-302
Supersedes Approval Date DEC 18 1992 Effective
TN No. SP-275

1992 Effective Date _UL 0 1 1992

HCFA ID: 7985E

4